



NEWS FROM THE MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES DIVISION

Wyoming Department of Health



Page 2	Op-Ed on Affordable Care Act	Page 3	Youth Access to Alcohol in WY	Page 4	Suicide Prevention: Grace for 2 Brothers	Page 5	Quality of Life Funds Evidence Based Practices	Page 6	2 Free Resources If Consumers Have a Choice	Page 7	Substance Abuse Training WY Peer Specialists	Page 8	Research and Data Update Trainings
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EXPANDED SUPPORT SERVICES FOR CHILDREN AND FAMILIES

This year the Mental Health and Substance Abuse Services Division (MHSASD) partnered with UPLIFT to expand advocacy and support services for children, youth, and their families. UPLIFT is a non-profit family organization that was first funded by Peak Wellness Center in 1990 as a parent support group. Since their beginning, UPLIFT has become Wyoming's Federation of Families for Children's Mental Health and Wyoming's Statewide Family Network for Children's Mental Health. Even though UPLIFT now serves families of children and youth with or at-risk of all special healthcare needs, their focus is still on emotional and behavioral health issues and their funding is diversified representing the statewide nature of this work.

The majority of UPLIFT's staff and board members are family

members and consumers. UPLIFT now serves families across the state through their five regional offices located in Cheyenne, Casper, Riverton, Buffalo, and Jackson. Services include:

- Outreach
- Information and Referral
- One-on-one Advocacy
- Parent Training and Support Groups
- Youth Support Groups
- Social Skills Programs for grade school children
- Workshops on Advocacy, Family Leadership, and Children's Mental Health Issues
- Early Intervention
- Family Care Coordination
- High Fidelity Wraparound
- Access to the Children's Mental Health Waiver
- Administration of CASII Assessments

- Access to Quality of Life Expansion Program Funding
- System Advocacy

UPLIFT served 870 children, youth and their families in FY09. Based on data collected from UPLIFT clients, the majority of those receiving UPLIFT services and supports increased their ability to access appropriate services, increased parenting and individual advocacy skills, and decreased family stress related to their child's mental health needs.

The MHSASD also supports UPLIFT's annual sponsorship of the Governor's Roundtable on Children's Mental Health and Children's Mental Health Awareness Week (first full week in May).

For more information on UPLIFT services and supports, check out their website at www.upliftwy.org or call their toll free number at 1-888-



On My Mind

By Rodger McDaniel

OP-ED ON AFFORDABLE CARE ACT

licensed professionals and paraprofessionals.

Historically, many health insurance companies have limited benefits for mental health to a much lower level than those available for physical conditions. Consequently, many people choose not to seek treatment, and brief therapy becomes the only option for those who do get help. But under the new law insurance companies will not be able to limit benefits for mental health treatment. By expanding insurance coverage and mandating parity, the new law provides consumers with choices they did not previously enjoy.

Today, low income or uninsured families are often limited to choose only publicly funded mental health or substance abuse centers. But insured clients have choices. They can choose providers who recognize the importance of the client's role in their own treatment, providers with flexible hours and locations and those who partner successfully with primary care providers and community-based recovery support programs. The competitive market that will result from reform will significantly improve behavioral health services and the lives of the mentally ill and addicted and their families.

Importantly, the Affordable Care Act also facilitates the integration of behavioral health and primary health care. The current fragmented system requires families to obtain medical care in one location and mental health services in another. The two systems often don't coordinate care and have vastly different understandings of the needs of this

population. And the results are deadly for those who need services.

According to the National Association of State Mental Health Program Directors (NASMHPD), Americans with severe mental illness have a life expectancy 25 years less than others. Mentally ill persons often have poorer health habits and poorer health care. High rates of smoking and alcohol abuse contribute but so do the medications prescribed for their illness which often cause obesity. Diabetes rates among the mentally ill are nearly three times that of the general population, cardiovascular rates are double and infectious disease 3.5 times higher. Relegating patients with these diverse needs to a fragmented system of care has exacerbated these health problems which are more effectively treated holistically.

The integration of behavioral health services with primary medical care will mean behavioral health needs will be elevated to an understanding that good mental health is integral to good health.

As the fog lifts on the impact of healthcare reform, people with mental illness and addiction diseases can begin to see signs of hope. There are many continuing legitimate concerns about the legislation and those issues will be addressed in Congress and the courts. Yet, some of the act is already in the process of being implemented and we all have a responsibility to plan and to use the opportunity to improve mental health services. We need to consider how we might turn this into an opportunity to build a health care system that recognizes that good mental health is integral to good health.

For children and families who need mental health and addiction services, this is not simply reform... it is reconstruction. The behavioral health care system that will emerge on the other side is designed to focus on prevention and early intervention as well as improved clinical practices including the use of effective medicines to treat addiction. The law addresses growing work force problems and the health care disparities experienced in rural areas by increasing the number of qualified healthcare personnel through expanded student loan repayment and training programs for both



YOUTH ACCESS TO ALCOHOL IN WYOMING

BY RODGER MCDANIEL

As young people throughout Wyoming head back to school, I encourage parents to consider underage drinking and its potential impacts on their families. For students, a new school year holds great promise of new friendships, academic accomplishments and, yes, fun. However, when that fun includes underage drinking, there can be life-damaging consequences.

A teenager's brain is not done developing. In fact, brains keep maturing until the mid twenties. Drinking before your brain is fully developed changes the way it works. Alcohol impairs a teenager's ability to react, to make good judgments and to remember lessons. Young people who drink are often trying to act older, but underage drinking actually prevents the very "maturity" they think they're seeking. As parents, we must help our children know where and when to draw the line.

Research has shown there are four "A's" that apply directly to youth alcohol purchase and use. These risk factors can be easily affected through parental, business and community controls:

- Availability—Is the alcohol (beer, wine, liquor) within reach?
- Accessibility—Can the youth get to the alcohol easily?
- Acceptability—How "acceptable" does the youth perceive alcohol use to be? When alcohol is part of every aspect of the youth's culture—popular movies and TV shows, community festivals and fairs, family dinners and holidays--perceptions of approval develop early and easily. They believe that "everybody's doing it."

Affordability—Does the youth have money to buy the alcoholic products?

When beer, wine and liquor are in the fridge or the unlocked cabinet at home, they may be available to unsupervised young, inquisitive minds. The temptation to experiment with alcohol becomes greater and much more likely if accessibility is no issue. Adolescents in treatment often cite home as the first place they got their alcohol. Even if alcohol isn't common in your home, it might be easy to reach where your child's friends live.

Away from home, many states are increasing the hours for sale, the number of days alcohol can be sold and the number of locations that can provide it. Increasing the number of liquor outlets makes alcohol products more accessible to those with limited transportation and spending money such as teens.

While teens, girls in particular, may prefer the sweet alcopop drinks (flavored malt beverages), kids will drink whatever they can get their hands on. Since beer, wine and liquor are more popular for adults, they are usually the easiest to get—at home, in the fridge or unlocked cabinet.

Energy drinks come in cans with labeling making it hard to detect the presence of alcohol. And new products seem to appear daily that disguise alcohol's taste or percent of alcohol content and make it seem harmless and even more socially acceptable to kids.

What can you do?

- As a parent, make sure alcohol is out of reach in your home and keep close tabs on what you have. This is especially important if youth are in the home

unsupervised for periods of time.

- Don't ever serve your child alcohol. This sends an underlying message that it is ok with you if children break the law and that underage drinking is acceptable.

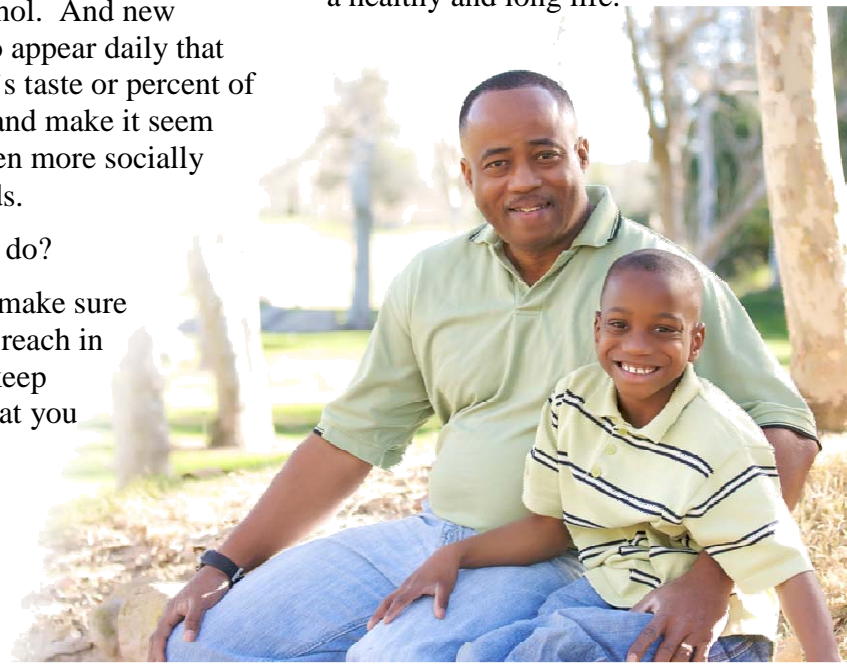
- Ask stores to keep close watch on their stock, to check IDs, and train their employees.

- Ask elected officials to consider underage access as they make decisions about granting more liquor licenses, expanding hours and days or lowering the prices of alcohol beverages.

- Invite the parents of your children's friends over, get to know them and set some common alcohol-related rules.

Check out online resources such as www.stopalcoholabuse.gov.

Your aim is to raise your children to be happy, productive adults. Talk with your kids early and often about your expectations for them and how they can meet those goals. You are the number one reason your children will say "No thanks, not tonight." Give them the strength to draw the line and the knowledge to make decisions that will help lead to a healthy and long life.



COWBOY UP A MOTTO OF SELF RELIANCE CAN BE DEADLY FOR VULNERABLE WYOMING RESIDENTS



Rugged individualism prevails in Wyoming and other frontier states, where residents “cowboy up” to take care of problems on their own—even if that may mean taking their own lives.

Halloween 1991 was a happy time for siblings Beau, Brett and Blair Wagner of Cheyenne. Yet before one brother turned 20 he would be dead by suicide. A second brother ended his life four years later.

Cheyenne Frontier Days™ had wrapped its 113th year a mere week before Beau Wagner ended his life. The date was August 4, 2009, and while local and national media were reporting on record attendance and rodeo champions, Beau was living his last hours. “He was in such a dark place,” recalls his mother BJ Ayers.

Like many who contemplate suicide as a final escape from unrelenting “psychache,” Beau hid the depth of his pain—and hid it well. Reflecting the rugged western independence that Wyoming citizens abide by, Beau handled his problems in his own way. So did his kid brother

Brett.

Less than four years earlier, Brett too had died by suicide. He was 19 years old, and the youngest of the three Wagner boys. It was December 1, 2005, the day that Brett's sudden and unforeseen death first shattered this Wyoming family.

The Wagner brothers (clockwise from upper left, Beau, Brett and Blair) resemble one another in more ways than their rugged good looks. Genetic predisposition to depression, a mood disorder that is often present in people who die by suicide, is something else Brett and Beau likely had in common. But both coped with their emotional pain in their own ways that didn't include clinical treatment—medication, therapy, or ideally both in combination with one another.

After Brett's passing, he left many drawings, sketches and letters that now serve as a testament to his emotional pain—a pain so great he saw no way out other than to end his life. Mom BJ hoped her two remaining sons would be insulated from thoughts of suicide by their youngest brother's death. That was not to be for Beau. Research shows that people who lose a loved one to suicide are at much higher risk of dying by suicide themselves. As unfathomable as it may be, Beau's following in the footsteps of his younger brother, while tragic and incomprehensible, is not surprising to experts in suicidal thoughts, gestures and attempts.

In 2009, the boys' mom, BJ Ayers, established a non-profit organization, Grace for 2 Brothers Foundation. Its mission is two-fold—to serve as a resource for those in emotional crisis or for those who

know a person in crisis, and also for people who have lost a loved one to suicide. These “survivors of suicide loss” often experience traumatic, complicated grief and can be prone to anxiety or post-traumatic stress disorder, along with potential onset of clinical depression, as an outcome of coping with a loss as profound as suicide, particularly that of a child.

Memorial Day weekend 2005 was the last camping trip that the Wagner brothers of Cheyenne shared before youngest sibling Brett died by suicide the following December. He was just 19 years old. Oldest sibling Beau died by suicide in August 2009 at age 26. BJ Ayers honors her sons' memory through the Cheyenne-based Grace for 2 Brothers Foundation, established in 2009 which promotes prevention of suicide in the Mountain West.

Please join people from around the state at two suicide awareness events. BJ Ayers will be the guest speaker for the Out of the Darkness Community Walk at Grinnel Plaza in Sheridan, September 11, 2010 starting at 11:00 am. Register at www.outofthedarkness.org

The 6th Annual Breaking the Silence Walk on Saturday, September 18, 2010 in Casper. The walk begins at 4:00 pm at Crossroads Park. The first 300 walkers will enjoy a Johnny J's barbecue after the event, and all can gather information on what can be done to help reduce the number of suicides in Wyoming.

WHAT ARE QUALITY OF LIFE FUNDS

Quality of Life (QOL) funds have been available for several years for clients of Community Mental Health and Substance Abuse Centers (CMHCs). Recently, the Wyoming Department of Health, Mental Health and Substance Abuse Services Division (MHSASD), modified the QOL Program to make the funds more broadly available.

Instead of just being available through CMHCs, now QOL funds are available to all Wyoming citizens with a Serious Emotion Disturbance (SED), Serious and Persistent Mental Illness (SPMI), and/or Substance Abuse Disorders (SAD) diagnosis who also have an active treatment plan.

Quality of Life funds will be disbursed to pay for non-clinical services and supports needed by children and youth with a SED diagnosis, adults with SPMI diagnosis, and youth or adults with a SAD diagnosis. For the QOL Program, supports and services are defined as the following:

Emergency Subsistence—such as crisis shelter, food, clothing, essential personal supplies.

Prescription Medication—such as psychotropic medications or other medications including injection medication.

Health and Medical Supports—such as lab, injections, medical supplies, health screenings, health, vision, and dental care and devices.

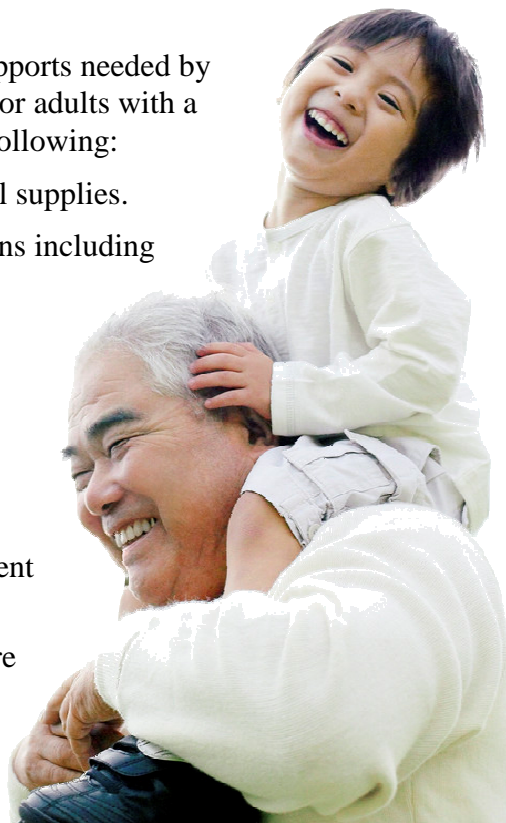
Housing—such as acquisition, retention, safety.

Transportation—such as access to clinical services, medical, resources, development of recreation/socialization interests).

Recreation/Socialization—such as development of interests consistent with current income and longterm lifestyle).

Respite Care—such as brief care from a trained provider for clients unable to care for themselves, respite provided because of the absence or need for relief of those persons normally providing care, provided in the client's home or place of residence, provider's residence, or foster home.

For more information, please contact Shawna Pena at 307-777-5828 or shawna.pena@health.wyo.gov.



IMPLEMENTING EVIDENCE-BASED PROGRAMS

Wyoming providers certified by the MHSASD have made progress in implementing evidence-based practices (EBP's) over the last few years. One reason for this is that the Federal Substance Abuse Prevention and Treatment (SAPT) Block grant reviews the states Single State Authority in Wyoming's case (MHSASD) for the development and implementation of evidence-based practices at the provider level. The Wyoming Substance Abuse Standards support EBP's by requiring them as part of certification of services.

EBP's in the field of mental health and substance use treatment is of extreme importance in assuring quality and effective services for consumers. Funders typically require the implementation of EBP's to assure positive client outcomes. When providers implement EBP's with fidelity, some level of assurance is provided that resources have a greater positive impact on client care. EBP's include data that support effectiveness of interventions at the provider level.

Fidelity occurs when programs and interventions are implemented

as they were researched and intended. Documentation at the provider level should clearly show review and assessment of EBP's being implemented.

You may learn more about EBP's approved by SAMHSA at <http://www.samhsa.gov/ebpwebguide/index.asp>.

For more information about EBP's contact Mark Disselkoen, LCSW, LADC

Certification Director, Center for the Application of Substance Technology (CASAT) at mdisselkoen@casat.org

2 FREE RESOURCES FROM THE WDH

Wyoming QUIT TOBACCO PROGRAM

WY.QUITNET.COM or
1.800.QUIT.NOW

WyoCARE

Wyoming Chemical Abuse Research Education

... supporting healthy communities across Wyoming ...

Free Resources for teachers, parents, mental health providers, group leaders, school counselors, children and youth workers.


WyoCARE is a prevention, education and treatment oriented program coordinated through the Counselor Education Department at the University of Wyoming.

www.wyocare.org or www.wyocare.com

We are funded by grants from the Wyoming Department of Health, Mental Health & Substance Abuse Services Division and the Wyoming Attorney General's Office, Division of Victim Services

Most states like Wyoming have long funded community mental health centers as a safety net for people who needed behavioral health services, but were not insured. An important aspect of the new healthcare law is consumer choice. The expansion of private insurance and Medicaid to previously uninsured families will mean not only more services, but also more choice. Monica Voss of Open Minds asks...

IF CONSUMERS HAVE A CHOICE WILL THEY CHOOSE YOU?



Consumers with chronic conditions – particularly those with some type of mental illness or addiction – have been more likely to be uninsured or

underinsured than the general population. Elements of the Health Care Reform Act – the high risk pool, the elimination of preexisting condition exclusions, the 2014 move toward fewer uninsured persons – will likely change that trend. Many individuals previously uninsured and underinsured will have more access to resources – and more choice. For many provider organizations that have specialized in serving this population, the future question is this: "If these consumers have a choice, will they choose you?"

This shifting situation really presents a two-part market research

question. First, if consumers have choice, will they choose the types of services that you currently offer, or will they opt for an alternate solution? Second, if they do continue to choose the types of services that your organization offers, will they choose you as their provider?

For traditionally 'un-entitled' consumers, payer and provider organizations' focus on consumer satisfaction and consumer preference has been woefully inadequate. Over the course of the next few years, most organizations will need to reinvigorate their consumer-focused market research to guide their service development. One example of this is our recent coverage of Philadelphia's Friends Hospital's inpatient recovery unit. What struck me most was the hospital's **emphasis on consumer-driven care**. Friends Hospital's recovery unit engages individuals at

every stage—from an assessment that explores strengths in the individuals' culture and interests, to a treatment plan that is designed to help individuals identify their own support systems, hobbies, strengths, community connections, and goals. And with high levels of patient satisfaction (94% of residents strongly agreed that they were satisfied with services, which is the highest score when compared to satisfaction marks from three traditional inpatient psychiatric care of comparable in size and patient population), Friend's strategy seems to be working. This is not an endorsement of their particular program – but rather an endorsement of their approach.

The question for your executive team – how do you know what your consumers want and if they will choose you?

SUBSTANCE ABUSE TRAINING FOR WYOMING PROVIDERS

The Department of Health, Mental Health and Substance Abuse Services Division (MHSASD) Certification Program, in collaboration with Center for Substance Abuse Technologies (CASAT) provides free training available to all licensed and certified professional counselors in Wyoming. During fiscal year 2009, training was provided to over 675 participants. The courses have averaged a 98.5% satisfaction rate. In the 2009 fiscal year, 1,934 free CEU's were provided to these licensed and certified professional counselors. This is an estimated equivalent market value of \$24, 179.99 worth of CEU's.

Currently, the MHSASD and CASAT are working to bring nationally recognized speakers to help with these and other trainings for Wyoming substance abuse providers. The project will also utilize Wyoming Telehealth broadcast capability to decrease the burden of travel for the providers in the state. Through the Telehealth system, each class size can increase from 24 to more than 80.

For more information, contact Mary Jane Schultz, Certification and Training Specialist, at 1-800-535-4006 or mary-jane.schultz@health.wyo.gov. Upcoming trainings and conferences are listed on the internet at <http://health.wyo.gov/mhsa/education/TrainingAcademyhome.html>.

WYOMING PEER SPECIALIST PROGRAM

Wyoming's Peer Specialist Program continues to grow with 12 peer specialists working in nine sites as of this fall. Some recent highlights of local programs were provided by local peer specialists:

High Country Behavioral Health (HCBH) in Afton held a facilitated Wellness Recovery Action Plan (WRAP™) training with consumers, community, staff, and peer specialists. Lou Dowell traveled from Peak Wellness Center in Cheyenne to facilitate the full-day WRAP training. HCBH's Davina Reyburn also lead the first Positive Site Visit to highlight the Peer Specialist Program. One upcoming project is a group that will include learning about financial savings. Peer Specialists from Jackson and Southwest Counseling also attended.

Cloud Peak Counseling was awarded funds to cover crisis stabilization beds in Worland. This year clients in a mental health crisis will not necessarily be taken to jail; instead, they will be able to get stabilized from their crisis at a place with staff who are trained in mental health issues and who will have

access to expanded help as required. Tom Musgrove is a part of this new project's leadership.

In



Laramie, Peak Wellness Center has implemented a wellness group. A number of clients participate in a weekly planned activity including a workout at the community recreation center. They also participate in a monthly wellness activity such as hiking in Estes Park. Chester Dubus

leads this effort.

Lou Dowell also serves as the WYSAAG chairman and the chairman for the Governor's Mental Health Planning Council. With Mastery Endorsement for her Wyoming Peer Specialist Certification, Lou promotes advocacy locally and statewide.

Peer specialists are consumers hired by a community mental health center or community-based substance abuse agency to promote client hope, self-determination, and decision-making. Because of their life experience and demonstration of self-sufficiency, the peer specialists utilize specific training with their own life-expertise that professional training cannot replicate. The program is funded by a combination of state general funds, Medicaid billings, and with inkind and cash support from the contracted local agency.

You may learn more about Wyoming's Peer Specialist Program at <http://health.wyo.gov/mhsa/recovery/peerspecialist.html> or by contacting Janet Jares, Advocacy Coordinator for the Mental Health and Substance Abuse Services Division, at 1-800-535-4006.

RESEARCH AND DATA UNIT UPDATE

Over the past six months, the research and data unit has been working with state funded mental health and substance abuse treatment providers and our federal partners to find ways to improve data collection and reporting in Wyoming. The latest conversations have focused on treatment outcomes, particularly those gathered via our Wyoming Performance Outcome Measures (WYPOMS) questionnaires. These questionnaires are designed to collect outcome data that is relevant both at the state and federal levels.

In early 2010, our federal partners at the Substance Abuse and Mental Health Services Administration (SAMHSA) placed Wyoming on a "Corrective Action Plan" regarding our substance abuse treatment outcome data. As a result, we have

increased our attention to those data fields that represent outcomes (such as employment, residence/housing status, substance use status, and so on) and have engaged in a collaborative learning process with local provider agencies whereby we examine local data in the aggregate at both admission to treatment and discharge from treatment. In this process, we then discuss whether client outcomes appear to be improving, remaining the same, or declining, and what local issues or factors might be impacting these patterns. The goal is for all local provider agencies to become familiar with the common definitions of the outcome data fields and then for those agencies to gather outcome information from all clients receiving services. This will help us fulfill our

state and federal needs for treatment outcome data. This effort will continue throughout the next year, with frequent reporting of and conversations about agency-specific outcome data.

In other news, we are also working to meet the fall deadlines for our mental health and substance abuse block grant applications. These applications ensure the receipt of funds that are important to help sustain the treatment system in Wyoming, as well as to ensure that high-priority populations, such as pregnant women and IV drug users, are able to access services quickly and consistently. We utilize treatment data submitted via the Wyoming Client Information System (WCIS, including the WYPOMS) to fulfill our data obligations in these grant applications.



MHASAD IN COLLABORATION WITH T-A HEALTH ANNOUNCES UPCOMING TRAININGS

Once again they will be offering training regarding mental health and substance abuse. The training, funded through MHASAD by Wyoming's State Legislature, Senate File 76 for Specialty Physicians Training will be held February 8-11, 2011. Proudly we will again this year offer free CME and CEU credits to all attendees. The Mental Health and Substance Abuse Services Division will partner with the TA Health Education Foundation in performing the training via live, two-way teleconference. Healthcare professionals wishing to participate in the training, but not wishing to travel to the TA Guest Ranch in Buffalo, can join the teleconference at their local hospital and communicate in real time with the conference speaker

and other conference attendees. Those not able to participate in the training at their local hospital can join the training via live web broadcast. Teleconferencing eliminates the need for extensive travel on the part of busy healthcare professionals, making access to the training easier, as well as providing free CME and CEU credits.

The training will address five core topic areas: Co-occurring mental health and substance abuse, children's mental health and medication management, pharmacological treatment for addiction, SBIRT (screening, brief intervention, referral and treatment), and prescription drug abuse. The Prescription Drug Abuse Stakeholder's Taskforce will again

provide training regarding Wyoming's prescription drug abuse problem and how you can help, either as a concerned individual or as a healthcare professional.

According to Kirsten Giles, Executive Director of the TA Health Education Foundation, conferencing planning is currently underway and comments and suggestions are welcome. "We are very concerned about meeting the training needs of healthcare professionals throughout the state and invite people to suggest training topics and speakers" said Giles. Please contact Kirsten Giles at the TA Health Education Foundation at (307) 684-5833 or kirsten@tahealth.org with questions or comments.